

# **New Mexico Senate Bill 3 (SB3)**

**Behavioral Health Reform and Investment Act**



**A Tribal Community Toolkit for Behavioral Health Planning.**

# Purpose of Toolkit



This toolkit is created to help tribal leaders, service providers, and community members learn about behavioral health, understand the New Mexico Behavioral Health Reform and Investment Act (SB3), and identify ways to participate in SB3 planning, coordination, and implementation.



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# **Behavioral Health**



# What is Behavioral Health?



- Behavioral health describes the connection between a person's behaviors and their overall mental, emotional, social, physical, and spiritual well-being.
- It includes mental health and emotional wellness, substance use, and how people cope with stress, trauma, grief, relationships, and major life events.
- Behavioral health is also used to describe the support systems and services that promote well-being, prevent distress, and provide access to care, including counseling/therapy, medication, cultural and community supports, lifestyle adjustments, and holistic practices.

Learn more at [www.cdc.gov/mental-health/about/about-behavioral-health.html](http://www.cdc.gov/mental-health/about/about-behavioral-health.html)



# Behavioral Health Services

- Residential treatment services (voluntary/involuntary)
- Intensive outpatient treatment
- Inpatient and outpatient treatment
- Substance use treatment services
- Individual counseling
- Group counseling
- Psychotherapy
- Family and marriage counseling
- Medication management
- Crisis care services
- Crisis response teams
- Crisis triage centers
- Medication assisted treatment
- Psychosocial rehabilitation services (PSR)
- Partial hospitalization
- Peer support services

Learn more at [www.cdc.gov/mental-health/about/about-behavioral-health.html](http://www.cdc.gov/mental-health/about/about-behavioral-health.html)

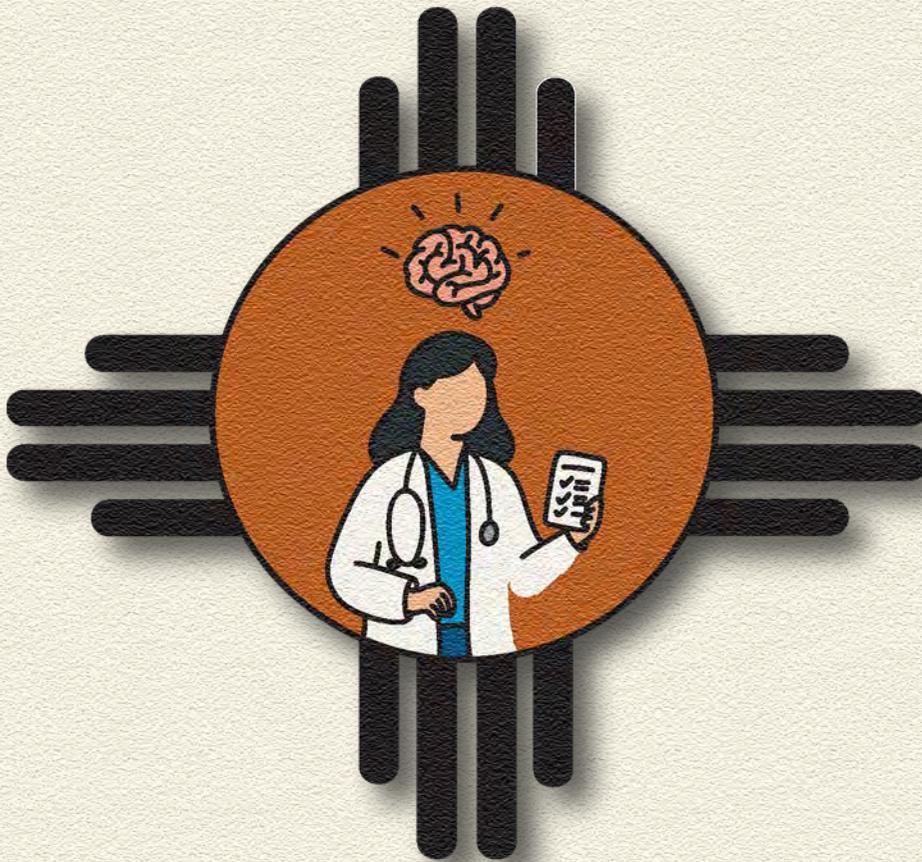


# Behavioral Health Sites

- Tribal Behavioral Health Programs
- Tribal Health and Wellness Programs, Centers, and Clinics
- Indian Health Services (IHS)
- Community Mental Health Centers
- Comprehensive Community Health Clinics (CCHC)
- Outpatient Programs and Centers (Public/Private)
- Inpatient Treatment Programs (Public and Private)
- Hospitals
- Emergency Departments
- Justice Services–Behavioral Health Evaluation and Services

Learn more at [www.cdc.gov/mental-health/about/about-behavioral-health.html](http://www.cdc.gov/mental-health/about/about-behavioral-health.html)

# Behavioral Health Providers



- Psychiatrists
- Psychologists
- Medical Providers
- Social Workers
- Public Health Officials
- Clinical Counselors Workers
- Addiction Counselors
- Family and Marriage Counselors
- Certified Peer Support

Learn more at [www.cdc.gov/mental-health/about/about-behavioral-health.html](http://www.cdc.gov/mental-health/about/about-behavioral-health.html)



# **New Mexico Behavioral Health**



# Behavioral Health Standards



New Mexico standards for behavioral health are standards of care and clinical practice established by evidence-based sources, including clinical practice guidelines and recommendations from mental health and substance care provider professional associations and relevant government agencies, that are important to consider when building programs that can be billed by Medicaid and other third party insurers.



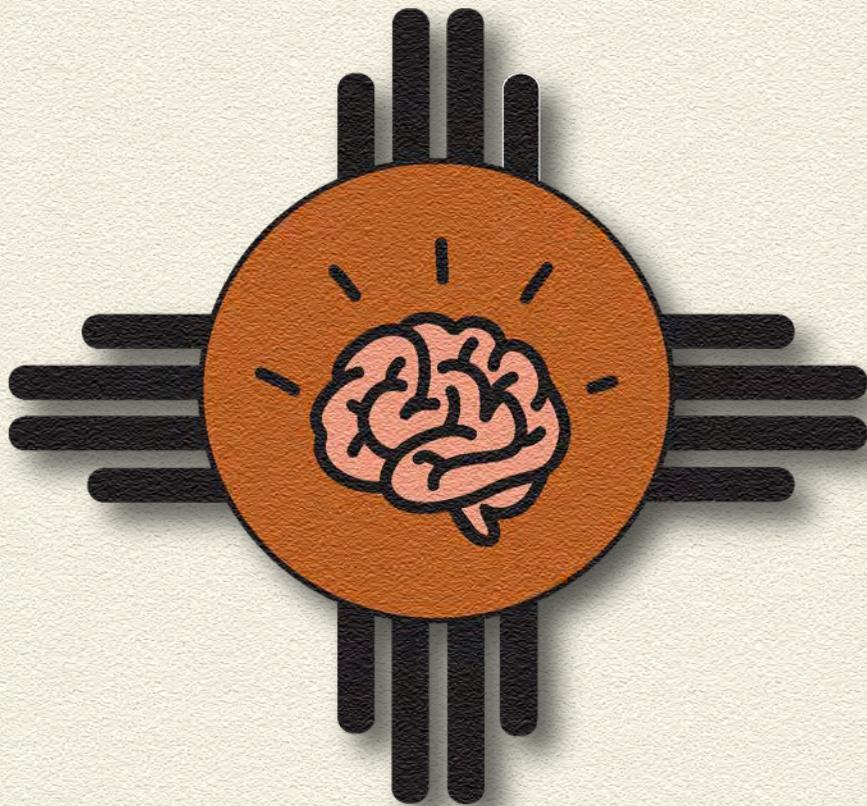
# **Behavioral Health Assessment & Feasibility Study**

In 2025, the New Mexico Legislature funded a statewide Behavioral Health Assessment and Feasibility Study. The New Mexico Health Care Authority (HCA) hired Manatt Health Strategies and its partners to lead the work.

The study examined strengths and gaps in New Mexico’s current behavioral health landscape and identified opportunities to strengthen Medicaid and state-funded services and supports for New Mexicans with serious mental illness (SMI), severe emotional disturbance (SED), substance use disorders, and/or brain injuries. As directed by the legislature, the study examined the “merits, feasibility, costs and likely enrollment in a proposed new Medicaid waiver for people with serious mental illness or substance dependency leading to regular confinement in county jails or intensive overuse of hospital emergency rooms or other emergency or crisis services,” as part of a broader examination of the strengths and gaps in New Mexico’s behavioral health system.

Learn more at: [www.hca.nm.gov/behavioral-health-assessment-and-feasibility-study](http://www.hca.nm.gov/behavioral-health-assessment-and-feasibility-study)

# Why is New Mexico investing in Behavioral Health?



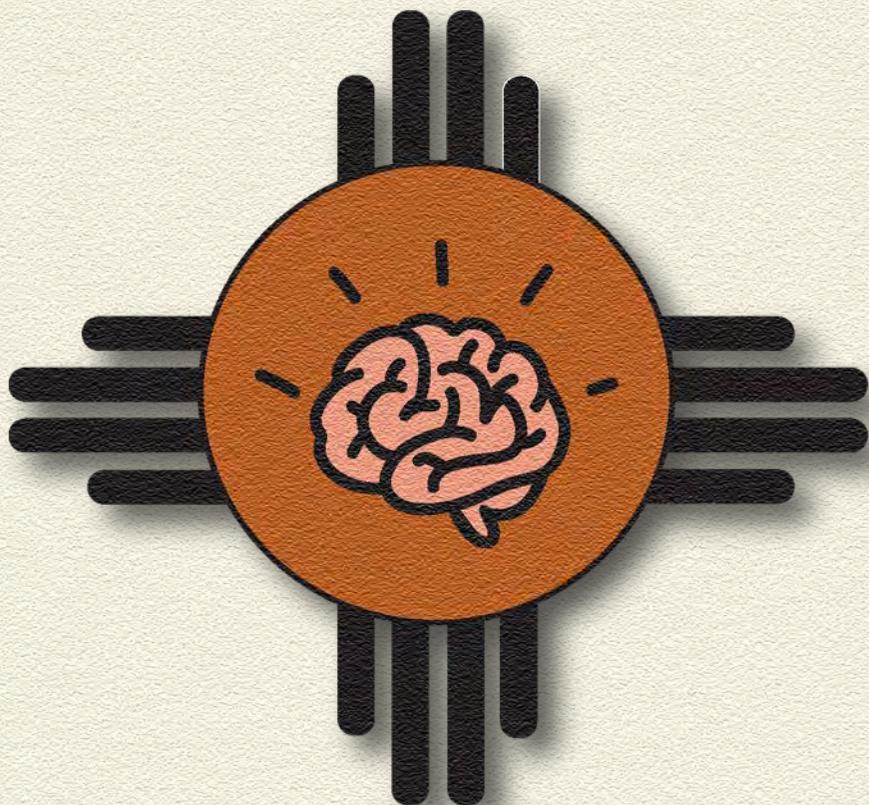
## Behavioral Health Research

- Research suggests a mental illness diagnosis alone is not a reliable way to predict future violence. [1]
- People living with schizophrenia may face increased vulnerability in certain situations, but schizophrenia accounts for only a small share of violence overall. [2]

1. Fisher, C. E., & Lieberman, J. A. (2013). Getting the facts straight about gun violence and mental illness: Putting compassion before fear. *Annals of Internal Medicine*, 159(6), 423–424. <https://doi.org/10.7326/0003-4819-159-6-201309170-00601>

2. Walsh, E., Buchanan, A., & Fahy, T. (2002). Violence and schizophrenia: Examining the evidence. *The British Journal of Psychiatry*, 180, 490–495. <https://doi.org/10.1192/bjp.180.6.490>

# Why is New Mexico investing in Behavioral Health?



## Behavioral Health Research

- Integrated treatment approaches (psychotherapy + behavioral + pharmacologic interventions) are most effective for co-occurring SUD and psychiatric disorders. [3]
- When violence risk is elevated among people with serious mental illnesses, it is often linked to co-occurring substance use, acute symptom exacerbation, and treatment disengagement. [4]

3. Kelly, T. M., Daley, D. C., & Douaihy, A. B. (2012). Treatment of substance abusing patients with comorbid psychiatric disorders. *Addictive Behaviors*, 37(1), 11-24. <https://doi.org/10.1016/j.addbeh.2011.09.010>

4. Köşger, F., Essizoglu, A., Kılıç, C., Kaptanoglu, C., & Yılmaz, E. (2016). The relationship between violence and clinical features, insight and cognitive functions in patients with schizophrenia. *Turkish Journal of Psychiatry*, 27(2), 99-106. PMID: 27370060

# Who Funds Behavioral Health?



- The Health Care Authority (HCA) is the LARGEST payor of behavioral health care in New Mexico.
- HCA Medicaid is the payor of behavioral health services for the Medicaid eligible population, and HCA BHSD is the payor of behavioral health services for the uninsured individuals and those ineligible for Medicaid.
- Together, these two HCA Divisions finance more than 90% of behavioral health care expenses in New Mexico.

Learn more at [www.hca.nm.gov/about\\_the\\_department/behavioral\\_health\\_services\\_division](http://www.hca.nm.gov/about_the_department/behavioral_health_services_division)

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**A Tribal Community Toolkit for Behavioral Health Planning.**

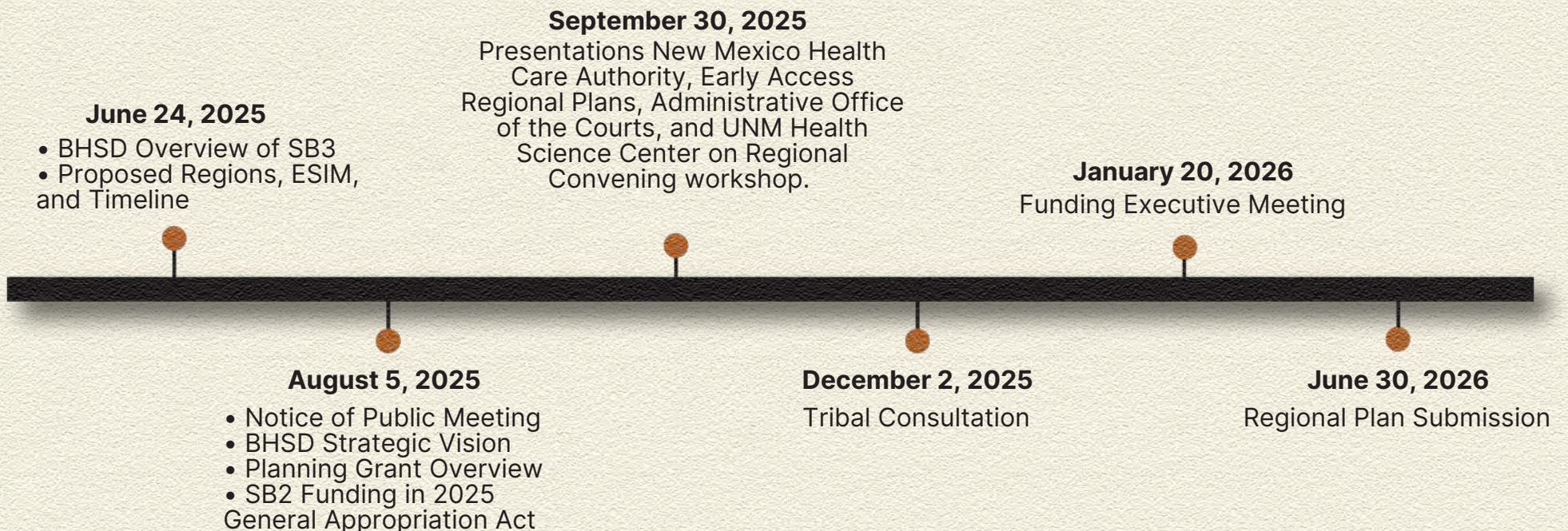


# Why does SB3 matters for Tribal Communities?

- Creates a pathway for Tribal participation in regional behavioral health planning
- Supports efforts to expand access in rural and remote areas
- Encourages coordination across systems (health, behavioral health, crisis, justice)
- Strengthens the continuum of care, including prevention and recovery supports
- Promotes workforce development and integrated care

# SB3 History Timeline

The Behavioral Health Executive Committee (BHEC) leads the coordination and planning of the Behavioral Health Reform and Investment Act (SB3) through ongoing statewide collaboration. Below is a summary of recent meetings and milestones.



Learn more at: [nmcourts.gov/the-behavioral-health-reform-and-investment-act-sb3](https://nmcourts.gov/the-behavioral-health-reform-and-investment-act-sb3)

# SB3 Tribal History Timeline

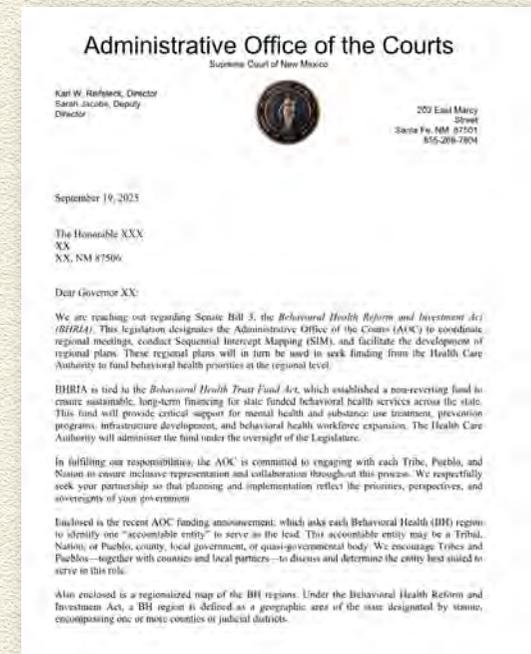
Below is a summary of recent Tribal engagement and milestones.



**December 17, 2024**  
Outreach to set virtual meeting with Tribes



**May 27, 2025**  
Notify Tribal Leaders of SB3 Updates



**September 19, 2025**  
Seeks guidance to ensure implementation reflects Tribes priorities and sovereignty.

# What is SB3?

SB3 is the Senate Bill 3, the Behavioral Health Reform and Investment Act. This was enacted to launch a comprehensive reform of New Mexico's behavioral health system.

This landmark legislation establishes a regional approach to behavioral health care, ensuring collaboration among all three branches of government and building a foundation for an integrated, accountable, and community-centered continuum of care.



Scan to learn more!

Learn more at: [nmcourts.gov/the-behavioral-health-reform-and-investment-act-sb3](https://nmcourts.gov/the-behavioral-health-reform-and-investment-act-sb3)

# What are the Key Provisions?



## **Creation of Behavioral Health Regions**

The bill calls for the development of regional behavioral health planning areas, allowing for more localized and coordinated service delivery.



## **Regional Planning & Prioritization**

Each region will identify up to five behavioral health priorities per phase, with flexibility for more if service gaps warrant.



## **Participatory & Cross-Sector Engagement**

Planning must involve stakeholders across sectors, including tribes, counties, service providers, youth and family advocates, and individuals with lived experience.

Learn more at: [nmcourts.gov/the-behavioral-health-reform-and-investment-act-sb3](https://nmcourts.gov/the-behavioral-health-reform-and-investment-act-sb3)

# What are the Key Provisions?



## **Alignment with Medicaid & Capital Planning**

Regional plans are to be aligned with Medicaid, capital investment, and workforce strategies to ensure implementation is coordinated, fundable, and sustainable.



## **Phased Implementation**

The bill outlines a phased approach, allowing regions to build capacity, test solutions, and adapt to changing needs over time.



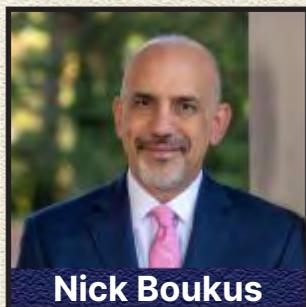
## **Accountability & Equity**

SB3 emphasizes transparency, data use, and equity in evaluating outcomes and guiding investment.

Learn more at: [nmcourts.gov/the-behavioral-health-reform-and-investment-act-sb3](http://nmcourts.gov/the-behavioral-health-reform-and-investment-act-sb3)

# Who Leads SB3 Implementation?

## Members of Executive Committee



**Nick Boukus**

Director of New Mexico Health Care Authority, Behavioral Health Service Division & Executive Committee Chair



**Kari Armijio**

Cabinet Secretary of the New Mexico Health Care Authority



**Alanna Dancis**

Acting New Mexico's Medicaid Director



**Karl Reifsteck**

Administrative Office of the Courts (AOC) Director



**Dr. Stacey Cox**

Chief Executive Officer of the Center for Health Innovation of New Mexico Public Health Institute



**Dr. Violette Cloud**

Director of New Mexico Health Care Authority, Behavioral Health Service Division & Executive Committee Chair



**Jerry Ortiz y Pino**

Social worker and former New Mexico State Senator

# Why SB3 Matters for New Mexico?



The Behavioral Health Reform and Investment Act (SB3) matters because it allows New Mexico to invest in programs that strengthen mental health and substance use services—supporting community well-being while shifting systems and resources toward care, prevention, and healing for all.

# Who are Key Partners & Participants?

The following entities are actively involved in implementing and supporting the Act:



## Community & Tribal

- Community Members
- Governments
- Communities

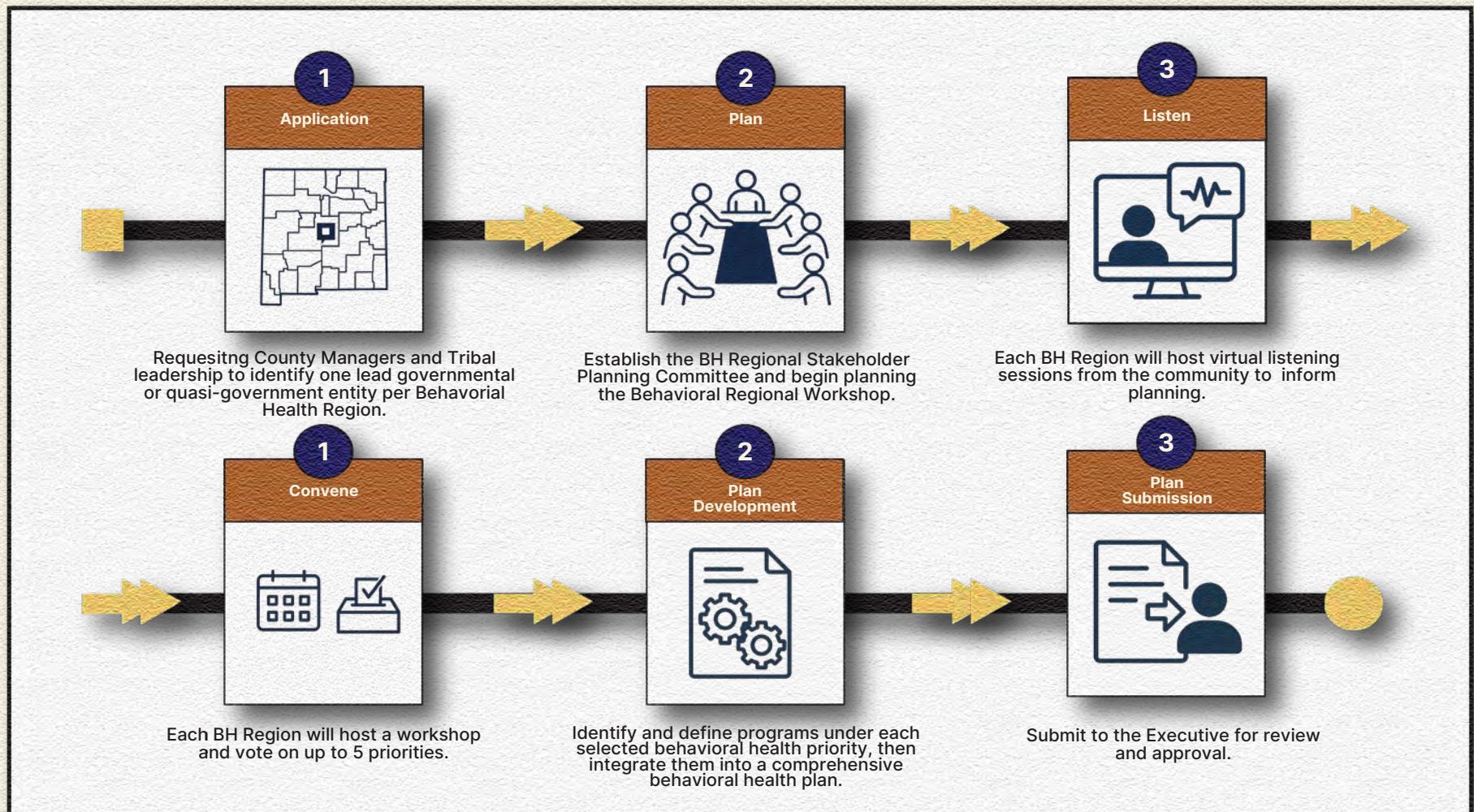
## Justice & Health System Partners

- Administrative Office of the Courts
- Medical Assistance Division
- Behavioral Health Services Division

## State & Oversight Partners

- Indian Affairs Department
- Health Care Authority
- Behavioral Health Executive Committee
- Legislative Finance Committee

# What is the Process & Phases of SB3?

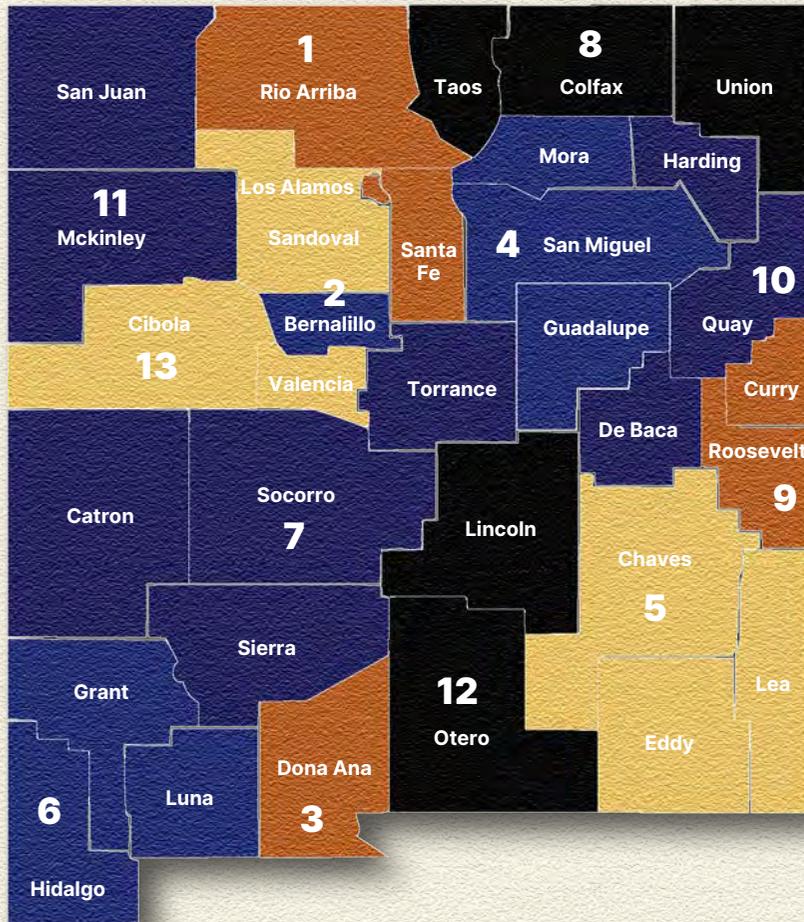


# How much Behavioral Health Funds goes towards Tribal Communities?

## Behavioral Health Reform and Investment Act Regional Plan Funding Formula

Region	NM's Total Population	Native American Service Population	% of Regions Native American Service Population	Native American Allocation	20%		30%		35%		15%		Total
					Equal Base (20%)	%	Population (30%)	%	Service Gaps (35%)	%	Disproportionate Impact (15%)		
					\$ 22,000,000.0		\$ 33,000,000.0		\$ 38,500,000.0		\$ 16,500,000.0	\$ 110,000,000.0	
Region	NM's Total Population	Native American Service Population	% of Regions Native American Service Population	Native American Allocation	Equal Base (20%)	%	Population (30%)	%	Service Gaps (35%)	%	Disproportionate Impact (15%)	Total Allocation (Minus Native American Allocation)	
1	218,942	16,191	7.4%	\$ 644,718.5	\$ 1,692,307.7	10.2%	\$ 3,375,659.5	6.6%	\$ 2,555,144.6	6.6%	\$ 1,095,062.0	\$ 8,073,455.3	
2	670,922	48,947	7.3%	\$ 1,006,524.2	\$ 1,692,307.7	31.3%	\$ 10,344,311.3	3.2%	\$ 1,231,944.7	3.2%	\$ 527,976.3	\$ 12,790,015.8	
3	232,198		0.0%	\$ -	\$ 1,692,307.7	10.8%	\$ 3,580,041.2	3.6%	\$ 1,391,413.1	8.6%	\$ 1,421,319.9	\$ 8,085,081.9	
4	34,726		0.0%	\$ -	\$ 1,692,307.7	1.6%	\$ 535,407.3	8.6%	\$ 3,319,406.6	7.1%	\$ 1,175,102.8	\$ 6,722,224.5	
5	202,743	1,941	1.0%	\$ 91,292.6	\$ 1,692,307.7	9.5%	\$ 3,125,902.4	8.6%	\$ 3,302,296.3	8.6%	\$ 1,415,269.8	\$ 9,444,483.6	
6	57,706		0.0%	\$ -	\$ 1,692,307.7	2.7%	\$ 889,714.2	10.1%	\$ 3,901,158.3	8.6%	\$ 1,424,425.0	\$ 7,907,605.2	
7	35,966	2,715	7.5%	\$ 708,401.0	\$ 1,692,307.7	1.7%	\$ 554,525.7	13.0%	\$ 4,996,220.3	6.5%	\$ 1,068,737.3	\$ 7,603,390.0	
8	50,662	3,491	6.9%	\$ 453,405.5	\$ 1,692,307.7	2.4%	\$ 781,109.4	7.5%	\$ 2,874,537.7	8.5%	\$ 1,396,944.7	\$ 6,291,494.0	
9	67,180		0.0%	\$ -	\$ 1,692,307.7	3.1%	\$ 1,035,784.8	7.1%	\$ 2,714,841.2	7.1%	\$ 1,163,503.4	\$ 6,606,437.0	
10	9,880		0.0%	\$ -	\$ 1,692,307.7	0.5%	\$ 152,330.4	8.4%	\$ 3,216,744.6	5.4%	\$ 883,604.8	\$ 5,944,987.4	
11	189,544	116,129	61.3%	\$ 5,319,299.5	\$ 1,692,307.7	8.9%	\$ 2,922,399.5	7.4%	\$ 2,847,161.1	8.9%	\$ 1,467,711.9	\$ 3,610,280.8	
12	101,314	7,217	7.1%	\$ 454,695.1	\$ 1,692,307.7	4.7%	\$ 1,562,064.7	5.7%	\$ 2,190,124.0	10.7%	\$ 1,763,624.6	\$ 6,753,425.7	
13	268,565	41,315	15.4%	\$ 1,767,389.8	\$ 1,692,307.7	12.5%	\$ 4,140,749.5	10.3%	\$ 3,959,007.6	10.3%	\$ 1,696,717.5	\$ 9,721,392.5	
	<b>2,140,348</b>	<b>237,946</b>		<b>\$ 10,445,726.23</b>	<b>\$ 22,000,000.0</b>	<b>100%</b>	<b>\$ 33,000,000.0</b>	<b>100%</b>	<b>\$ 38,500,000.0</b>	<b>100%</b>	<b>\$ 16,500,000.0</b>	<b>\$ 99,554,273.77</b>	
				<b>Native American Allocation</b>	<b>\$ 10,445,726.23</b>								
				<b>Total Allocation (Minus Native American Allocation)</b>	<b>\$ 99,554,273.77</b>								
				<b>SUBTOTAL</b>	<b>\$ 110,000,000.00</b>								

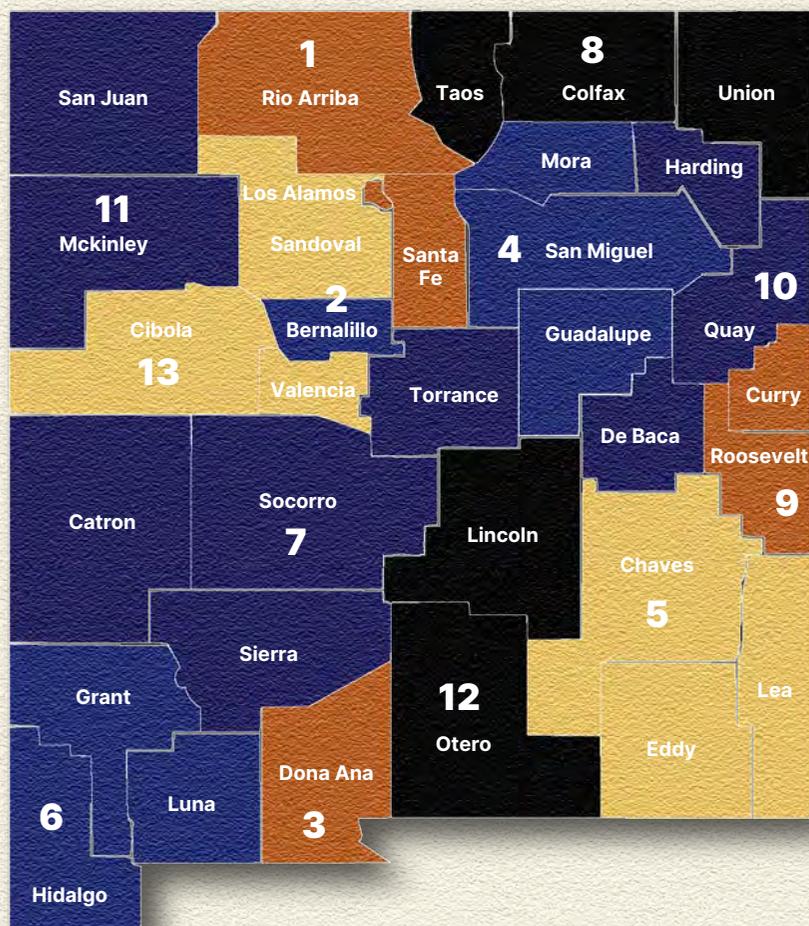
# How are SB3 Behavioral Health funds distributed?



**Funds are distributed through the Behavioral Health Region.**

The Behavioral Health Region is a geographic area of the state that is designated in accordance with Subsection B of Section 3 of the Behavioral Health Reform and Investment Act and encompasses one or more counties or judicial districts.

# What is Behavioral Health Regions?



Behavioral Health Regions are designated geographic areas used to guide local behavioral health planning and coordination.

New Mexico is divided into thirteen (13) regions to ensure local input, tribal inclusion, and equitable statewide coverage.

Each Region:

- Develops a regional plan, created collaboratively by local behavioral health stakeholders.
- Identifies up to five state-funded priorities to address local needs.
- Is officially designated by the Behavioral Health Executive Committee.

# Which Behavioral Health Region is your Tribe part of?

1

Region

- Pueblo de San Ildefonso
- Pueblo of Pojoaque
- Nambé Pueblo
- Pueblo of Tesuque
- Jicarilla Apache Nation
- Ohkay Owingeh
- Santa Clara Pueblo

2

Region

- Pueblo of Isleta
- Pueblo of Sandia

6

Region

- Fort Sill Apache Tribe

8

Region

- Taos Pueblo
- Picuris Pueblo

11

Region

- Navajo Nation
- Pueblo of Zuni

12

Region

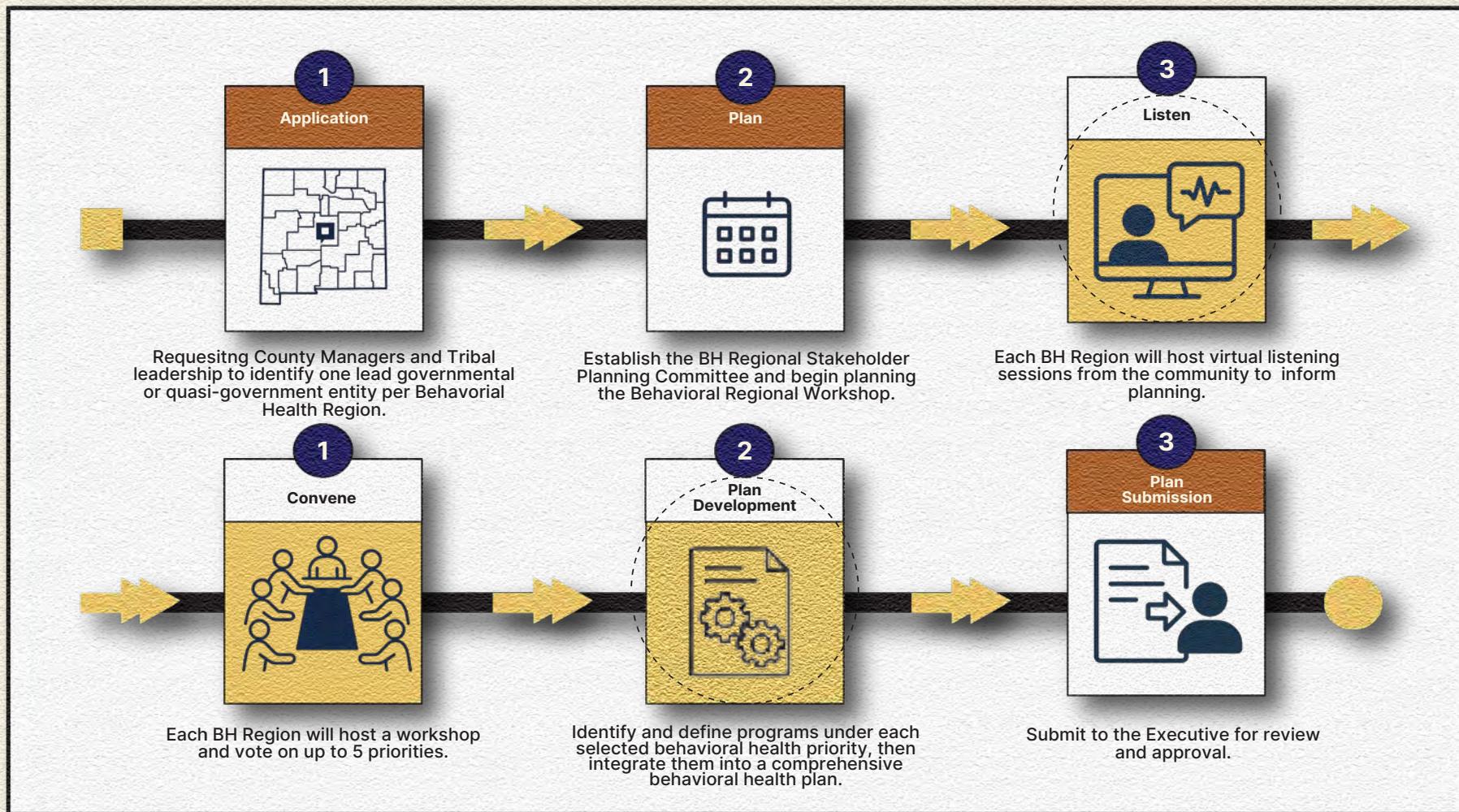
- Mescalero Apache Tribe

13

Region

- Pueblo of Laguna
- Pueblo of Acoma
- Pueblo of Cochiti
- Pueblo of Jemez
- Pueblo of Santa Ana
- Pueblo of San Felipe
- Santo Domingo Pueblo
- Pueblo of Zia

# What phase are we at now with SB3?



## **SB3 is still welcoming community voices—including yours!**



SB3 is built from community voices. Your voice and lived experience help strengthen community care in your Pueblo, Tribe, or Nation. By participating in SB3, you help build a stronger system of support rooted in relationship, respect, culture, and community.

Your lived experience matters — and your voice can help shape mental health and wellbeing supports for current and future generations.



# Ways You Can Participate in SB3

## 1.) Submit your input online through our feedback form.

Feedback form available in English, Spanish, and Diné at [bit.ly/SB3FeedbackForm](https://bit.ly/SB3FeedbackForm)

## 2.) Attend an upcoming workshop.

Attend an upcoming workshop to learn more, ask questions, and share your feedback. See next page for upcoming workshop dates and locations.

## 3.) Join our SB3 Newsletter for latest updates.

Sign up at [bit.ly/SB3Newsletter](https://bit.ly/SB3Newsletter)

## 4.) Share this toolkit with family and friends.

Learn more at: [nmcourts.gov/the-behavioral-health-reform-and-investment-act-sb3](https://nmcourts.gov/the-behavioral-health-reform-and-investment-act-sb3)

# Workshop Timeline

**2025**

**Region 2**  
Bernalillo County (Youth)  
11/20/2025 - 11/21/2025

**Region 9**  
Cury County  
12/02/2025 - 12/04/2025

**Region 11**  
San Juan & McKinley  
12/9/2025 - 12/11/2025

**Region 3**  
Dona Ana County (Adult)  
12/16/2025

**Region 1**  
Santa Fe County (Youth)  
11/20/2025 - 11/21/2025

**2026**

**Region 12**  
Lincoln County  
1/14/2026 - 1/16/2026

**Region 3**  
Dona Ana County (Youth)  
2/26/2026 - 2/27/2026

**Region 8**  
Taos County  
3/11/2026 - 3/13/2026

**Region 7**  
Socorro County  
3/18/2026 - 3/20/2026

**Region 6**  
Luna County  
3/24/2026 - 3/26/2026

**Region 4**  
Guadalupe County  
4/14/2026 - 4/16/2026

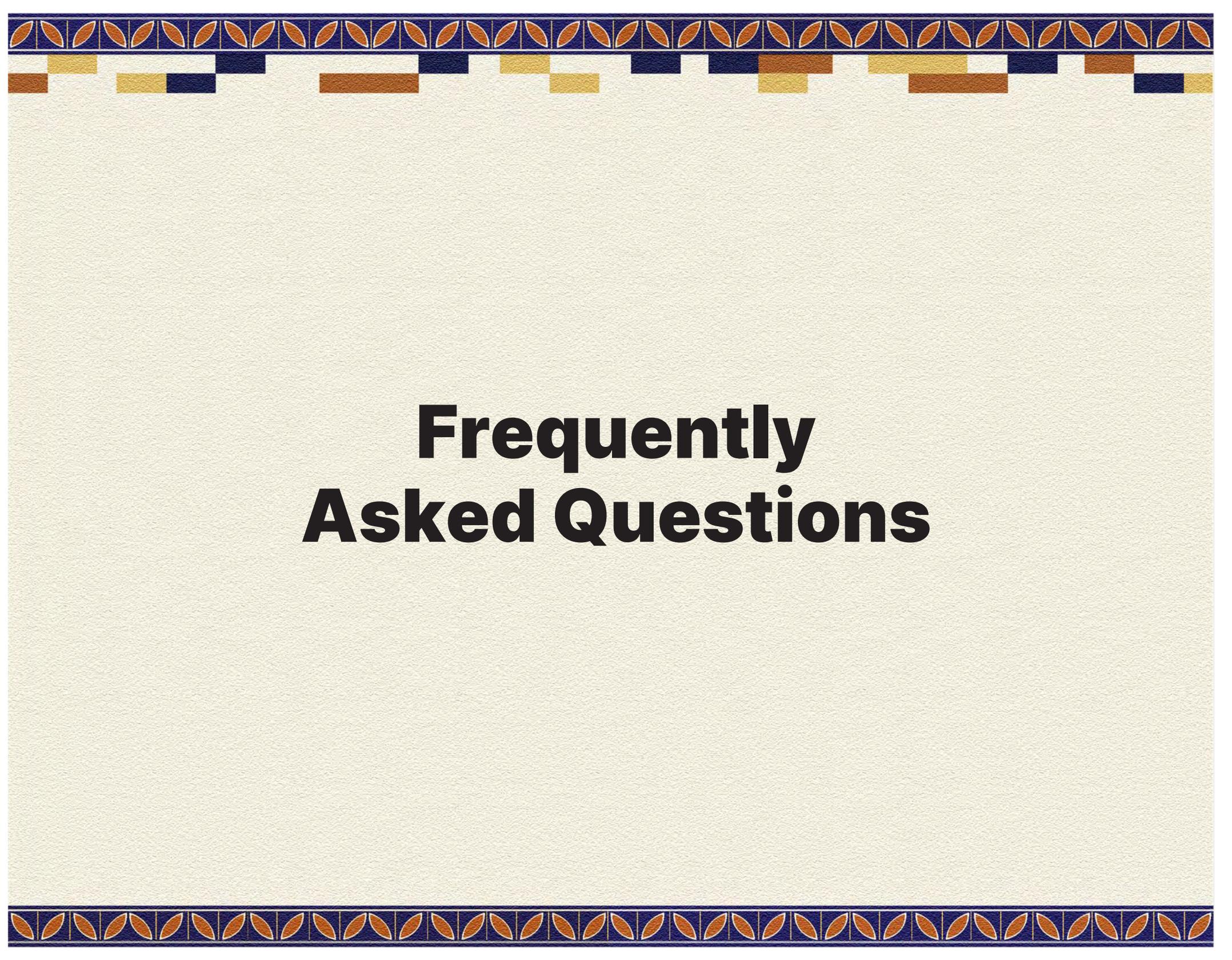
**Region 13**  
Cibola County  
4/8/2026 - 4/10/2026

**Region 10**  
Eastern Plain COG  
4/21/2026 - 4/23/2026

**Region 5**  
Eddy County  
5/5/2026 - 5/7/2026



**Participation makes an impact  
—every voice matters. When one  
person speaks up, it creates  
strength for the whole community.**



# **Frequently Asked Questions**



# Frequently Asked Questions

## 1. What is SB3?

The Behavioral Health Reform and Investment Act (SB3) establishes a regional behavioral health system for New Mexico through coordinated local planning, shared governance, and statewide funding alignment.

## 2. Who leads SB3 implementation?

Implementation is coordinated by the Administrative Office of the Courts (AOC), Human Services Department (HCA), and University of New Mexico (UNM) Health Sciences Center, in partnership with local Accountable Entities (AEs).

## 3. What are Behavioral Health Regions?

Thirteen behavioral health regions were designated statewide to ensure local input, tribal inclusion, and equitable planning coverage.

## 4. What is the purpose of Regional Behavioral Health Plans?

Plans identify service gaps, priorities, and funding needs; formalize collaboration through MOUs/MOAs; and establish a regional continuum of care.



# Frequently Asked Questions

## **5. What is the enhanced sequential intercept mapping (E-SIM) process?**

The E-SIM process brings regional partners together to map system intercepts, identify gaps, and define shared regional priorities. It is facilitated during Regional Planning Workshops and is required before developing and submitting the Regional Plan.

## **6. How are funds distributed?**

Each region is eligible for planning grants of up to \$60,000 to support stakeholder engagement, E-SIM workshops, and plan development.

## **7. Who can serve as an accountable entity?**

A government entity such as a county, tribal government, or intergovernmental agency that can manage funds and convene stakeholders.

## **8. What is required in the regional plan?**

Signed MOUs/MOAs, stakeholder engagement summaries, service mapping, data-informed funding priorities, and governance documentation.



# Frequently Asked Questions

## **9. What are Memoranda of Agreement (MOUs/MOAs)?**

MOAs formalize shared governance and responsibilities among regional partners, outlining decision-making, data sharing, and fiscal authority.

## **10. Who approves the Regional Behavioral Health Plans?**

Regional plans are submitted to the Administrative Office of the Courts (AOC) for review and forwarded to the Behavioral Health Reform and Investment Act (BHRIA) Executive Committee for final approval.

## **11. How will plans be used?**

Approved regional plans will guide Behavioral Health Investment Fund allocations and inform statewide behavioral health reform strategies.

## **12. Where can I get support?**

AOC provides coordination and technical assistance; UNM facilitates E-SIM workshops; HCA provides Medicaid data and policy alignment.



# **Additional Resources**





# Additional Resources

## Administrative Office of the Courts — Resources

- Behavioral Health Reform and Investment Act (SB3) Overview  
<https://nmcourts.gov/the-behavioral-health-reform-and-investment-act-sb3>
- Behavioral Health Reform and Investment Act (SB3) – Full PDF  
<https://nmcourts.gov/wp-content/uploads/2025/06/Behavioral-Health-Reform-and-Investment-Act-SB3.pdf>
- Three Members Named to the State’s Behavioral Health Executive Committee  
<https://nmcourts.gov/wp-content/uploads/2025/06/Three-members-named-to-the-states-Behavioral-Health-Executive-Committee.pdf>



# Additional Resources

## Behavioral Health Resources

- New Mexico Health Care Authority – Behavioral Health Reform  
[www.hca.nm.gov/about\\_the\\_department/behavioral-health-reform/](http://www.hca.nm.gov/about_the_department/behavioral-health-reform/)
- Strategic Vision for Behavioral Health Services (PDF)  
[www.hca.nm.gov/wp-content/uploads/Aug-5-\\_-Strategic-Vision-for-BH-Services-2.pdf](http://www.hca.nm.gov/wp-content/uploads/Aug-5-_-Strategic-Vision-for-BH-Services-2.pdf)
- The University of New Mexico’s Health Sciences Center  
<https://hsc.unm.edu>
- SAMHSA: Certified Community Health Clinics (CCHC)  
[www.samhsa.gov/communities/certified-community-behavioral-health-clinics](http://www.samhsa.gov/communities/certified-community-behavioral-health-clinics)
- YouTube: Overview of the Behavioral Health Reform Initiative  
[www.youtube.com/watch?v=OzBUpyIEBpU](http://www.youtube.com/watch?v=OzBUpyIEBpU)
- Behavioral Health Assessment and Feasibility Study  
[www.hca.nm.gov/behavioral-health-assessment-and-feasibility-study/](http://www.hca.nm.gov/behavioral-health-assessment-and-feasibility-study/)

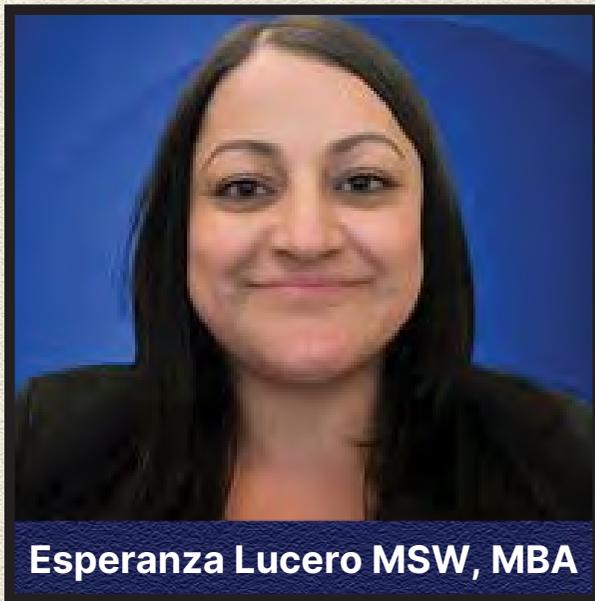


# Additional Resources

## New Mexico Native American Behavioral Health Resources

- 988 Suicide & Crisis Lifeline—Call or Text 988  
<https://988nm.org/native-american-resources>
- Native American Resource Directory  
<https://nativeamericanresourcesnm.org>

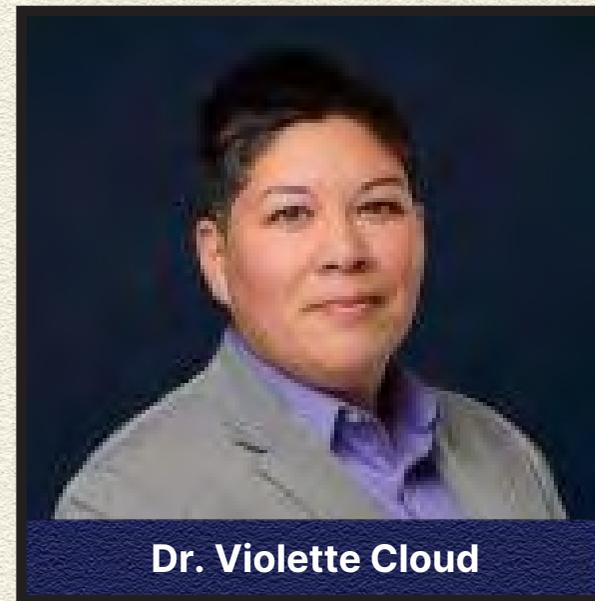
# Have Further Questions? Contact Us.



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**Thank You!**



**Scan to learn more.**